FILED
Jul 02, 2002 8:00 am
Secretary of State
05-07-2002 90242 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117472

1. Entity Name:
VPLUS Corporation

DO NOT WRITE IN THIS SPACE

37480

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2. Principal Place of Business	3. Mailing Address
3016 US HWY 301 N., [illegible]	3016 US HWY 301 N.
Suite, Apt. #, etc.: 550	Suite, Apt. #, etc.: 550
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33619 Country: Hillsborough	Zip: 33619 Country: Hillsborough

4. FEI Number: 59-3702872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Linda J. Lack

Street Address (P.O. Box Number is Not Acceptable): 12608 Lake Hills Drive

City: Riverview, FL Zip Code: 33569

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Linda J. Lack 6-25-02
(Signature, typed or printed name of registered agent and title if applicable.) (Note: Registered Agent's signature required for filing.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Jones, Stephen W. STREET ADDRESS: 3016 US HWY 301 N. Suite 400 CITY-ST-ZIP: Tampa , FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President NAME: Lack, Linda J. STREET ADDRESS: 12608 Lake Hills Drive CITY-ST-ZIP: Riverview, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda J. Lack 4-24-02 813-623-9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #